

<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Latin American Indian
<input type="checkbox"/>	African American	<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	American	<input type="checkbox"/>	European	<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Russian
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Haitian	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Cape Verdean	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Caribbean Islander	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Other ,specify

10. What is your race? (check all that apply)		
<input type="checkbox"/> American Indian/Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Refused

11. In what language do you prefer to read or discuss health related materials?		
<input type="checkbox"/> American Sign Language <input type="checkbox"/> Cambodian (Khmer) <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese <input type="checkbox"/> English	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other, specify _____

HOUSEHOLD CHARACTERISTICS Section

12. Number of Adults in Household: <i>(if client is Homeless, enter 1)</i>	13. Number of Children Living in Household (children under 19): <i>(children currently living with the client whether or not related)</i>
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14a. Client Income: \$	14b. Income Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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15. Source of Income: (Check all that apply)		
<input type="checkbox"/> Wages/Salary <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> Disability - SSI <input type="checkbox"/> Disability - SSDI	<input type="checkbox"/> Veterans Disability Payment <input type="checkbox"/> Private Disability Payment <input type="checkbox"/> Public Assistance - TANF <input type="checkbox"/> Public Assistance - General <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Retirement - Social Security <input type="checkbox"/> Retirement/Pension - Private <input type="checkbox"/> Veterans Pension <input type="checkbox"/> Non-employment Cash Income <input type="checkbox"/> None <input type="checkbox"/> Other

16. Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Significant Partnership Rlat.

INSURANCE Section (Data Entry: To get to Insurance section, return to Face Sheet and select Insurance link on left side of screen.)

17. Insurance Type:		
<input type="checkbox"/> Uninsured	<input type="checkbox"/> MC (Medicaid / MassHealth / MBHP)	<input type="checkbox"/> MP (Medicare –Over 65-some disabled)
<input type="checkbox"/> HM (HMO) (Private HMO – through employment or client pay)	<input type="checkbox"/> CI (Private Insurance – through employment or client pay with no subsidy)	<input type="checkbox"/> OT (Other - Includes State subsidy – ConnectCare / Health Safety Net)
Insurance Company Name: _____ <i>Not required if uninsured</i>		Policy Number: _____


Data Entry:
 If entering a New insurance record, enter the Enrollment Date as the Insurance Effective Date.
 If existing client with new insurance, end date previous insurance record with day before this Enrollment Date
 If existing client and the insurance has Not Changed since the client's last enrollment (whether or not at your program), simply hit SAVE!!!

18. Is this your Primary Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the client has additional insurance coverage, complete the following. If not, intake is complete.

19. Insurance Type: Note: Uninsured is not an option under additional insurance.		
<input type="checkbox"/> MC (Medicaid / MassHealth / MBHP)	<input type="checkbox"/> MP (Medicare –Over 65-some disabled)	<input type="checkbox"/> VA (Veterans Administration)
<input type="checkbox"/> HM (HMO) (Private HMO – through employment or client pay)	<input type="checkbox"/> CI (Private Insurance – through employment or client pay with no subsidy)	<input type="checkbox"/> OT (Other - Includes State subsidy – ConnectCare / Health Safety Net)
Insurance Company Name: _____		Policy Number: _____

End of Intake

	▶ ESM Client ID:	Enrollment Opioid Urgent Care Center	▶ Enrollment Date: / / mm dd yyyy
	▶ Triage Tool ID:		
First Name: Middle Initial: Last Name:		Suffix:	
▶ 1. Client Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		▶ 2. Intake/Clinician Initials: <input type="text"/> <input type="text"/> <input type="text"/>	
▶ 3. Do you own or rent a house, apartment, or room? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the answer to Q. 3 is Yes, skip to Q. 5</i>			
4. Are you Chronically Homeless? (HUD Definition in Manual) <input type="checkbox"/> Yes <input type="checkbox"/> No		▶ 5. ZIP Code of Last Permanent Address: <i>Do Not put zip code of Program. See Manual for definition of Permanent.</i>	
▶ 6. Where did you stay last night?			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 <input type="checkbox"/> Emergency shelter</div> <div style="width: 33%;">7 <input type="checkbox"/> Jail, prison or juvenile detention facility</div> <div style="width: 33%;">13 <input type="checkbox"/> Foster care home or foster care group hm</div> <div style="width: 33%;">2 <input type="checkbox"/> Transitional housing for homeless persons</div> <div style="width: 33%;">8 <input type="checkbox"/> Room, apartment, or house that you own or rent</div> <div style="width: 33%;">14 <input type="checkbox"/> Place not meant for habitation</div> <div style="width: 33%;">3 <input type="checkbox"/> Permanent housing for formerly homeless</div> <div style="width: 33%;">9 <input type="checkbox"/> Staying or living with a family member</div> <div style="width: 33%;">15 <input type="checkbox"/> Other</div> <div style="width: 33%;">4 <input type="checkbox"/> Psychiatric hospital or other psych. facility</div> <div style="width: 33%;">10 <input type="checkbox"/> Staying or living with a friend</div> <div style="width: 33%;">88 <input type="checkbox"/> Refused</div> <div style="width: 33%;">5 <input type="checkbox"/> Substance abuse treatment facility or detox</div> <div style="width: 33%;">11 <input type="checkbox"/> Room, apartment, or house to which you <u>cannot return</u> (future return can be uncertain)</div> <div style="width: 33%;">6 <input type="checkbox"/> Hospital (non-psychiatric)</div> <div style="width: 33%;">12 <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</div> </div>			
▶ 7a. Do you consider yourself to be transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			
7b. If you answered Yes to Q. 7a, please specify: <input type="checkbox"/> Male to Female <input type="checkbox"/> Female to Male <input type="checkbox"/> Other, specify _____			
▶ 8. Do you consider yourself to be: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Refused			
▶ 9. How did you learn about our program?★ <input type="text"/> <input type="text"/>			
10. Client Type (Check ALL that apply)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Student</div> <div style="width: 25%;"><input type="checkbox"/> Postpartum</div> <div style="width: 25%;"><input type="checkbox"/> Methadone</div> <div style="width: 25%;"><input type="checkbox"/> Injectable Naltrexone (e.g. Vivitrol)</div> <div style="width: 25%;"><input type="checkbox"/> Parole</div> <div style="width: 25%;"><input type="checkbox"/> Federal Parole</div> <div style="width: 25%;"><input type="checkbox"/> Pregnant</div> <div style="width: 25%;"><input type="checkbox"/> Veteran/ Any Military Service</div> <div style="width: 25%;"><input type="checkbox"/> Buprenorphine (e.g. Suboxone)</div> <div style="width: 25%;"><input type="checkbox"/> Probation</div> <div style="width: 25%;"><input type="checkbox"/> Federal Probation</div> </div>			
▶ 11. Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <i>If answer to Q. 11 is 'Yes', complete 11a-11d. If no, skip to Q. 12</i>			
11a. Number Children Under 6: <input type="text"/>		11b. Number of Children 6-18: <input type="text"/>	
11c. Children Over 18: <input type="text"/>		11d. Are any of the children of the Native American Indian race? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
▶ 12. Employment status at Enrollment: <input type="text"/> ★		▶ 13. Number of days worked in the past 30 days? <input type="text"/>	
▶ 14. Where do you usually live? (Where has the client spent/slept most of the time over the last 12 months?)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">1 <input type="checkbox"/> House or apartment</div> <div style="width: 25%;">3 <input type="checkbox"/> Institution</div> <div style="width: 25%;">5 <input type="checkbox"/> Shelter/mission</div> <div style="width: 25%;">7 <input type="checkbox"/> Foster Care</div> <div style="width: 25%;">2 <input type="checkbox"/> Room/boardng or sober house</div> <div style="width: 25%;">4 <input type="checkbox"/> Group home/treatment</div> <div style="width: 25%;">6 <input type="checkbox"/> On the streets</div> <div style="width: 25%;">88 <input type="checkbox"/> Refused</div> </div>			
▶ 15. Who do you live with? (Check all that apply)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Alone</div> <div style="width: 25%;"><input type="checkbox"/> Child 6-18</div> <div style="width: 25%;"><input type="checkbox"/> Spouse/Equivalent</div> <div style="width: 25%;"><input type="checkbox"/> Other Relative</div> <div style="width: 25%;"><input type="checkbox"/> Child under 6</div> <div style="width: 25%;"><input type="checkbox"/> Child over 18</div> <div style="width: 25%;"><input type="checkbox"/> Parents</div> <div style="width: 25%;"><input type="checkbox"/> Roommate/Friend</div> </div>			
▶ 16. Number of prior admissions to each substance abuse treatment modality (0 - 5 admissions, '5' = 5 or more, 99=unknown) Do not count this tx. episode.			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="text"/> Detox</div> <div style="width: 25%;"><input type="text"/> Outpatient</div> <div style="width: 25%;"><input type="text"/> Drunk Driver</div> <div style="width: 25%;"><input type="text"/> Other</div> <div style="width: 25%;"><input type="text"/> Residential</div> <div style="width: 25%;"><input type="text"/> Opioid</div> <div style="width: 25%;"><input type="text"/> Section 35</div> </div>			
17a. How many overdoses have you had in your lifetime: <input type="text"/>		▶ 17b. How many overdoses have you had in past year? <input type="text"/>	

End of Enrollment



► ESM Client ID:

► Triage Tool ID:

Disenrollment
Opioid
Urgent Care
Center

► Disenrollment Date: / /
 mm dd yyyy

First Name:

Middle Initial:

Last Name:

Suffix:

► Client Code:

► Intake/Clinician Initials:

► **Disenrollment Reason:** Select one

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Referred to Acute Treatment Svc (Detox) | <input type="checkbox"/> Referred to Residential Tx | <input type="checkbox"/> Referred to Injectable Naltrexone Tx (e.g. Vivitrol) | <input type="checkbox"/> Referral Not Needed |
| <input type="checkbox"/> Referred to Clinical Stabilization Svc (CSS) | <input type="checkbox"/> Referred to Methadone Tx | <input type="checkbox"/> Referred to Emergency Department | <input type="checkbox"/> Referral Conditions Not Met |
| <input type="checkbox"/> Referred to SA Outpatient Tx | <input type="checkbox"/> Referred to Buprenorphine Tx (e.g. Suboxone) | <input type="checkbox"/> Referred to Mental Health Svc | <input type="checkbox"/> Appropriate Service Not Available |
| <input type="checkbox"/> Lost to follow-up | | | |

End of Disenrollment

★ Q 9 How did you learn about our program?					
Code		Code		Code	
01	Self, Family, Non-medical Professional	20	Health Care Professional, Hospital	67	Department of Corrections
02	BMC Central Intake/Room 5	21	Emergency Room	68	Office of the Commissioner of Probation
03	ATS/Detox	22	HIV/AIDS Programs	69	Massachusetts Parole Board
04	Transitional Support Services/TSS	23	Needle Exchange Programs	70	Dept. of Youth Services
05	Clinical Stabilization Services/CSS-CMID		24 through 25 Discontinued	71	Dept. of Children and Families
06	Residential Treatment	26	Mental Health Care Professional	72	Dept. of Mental Health
07	Outpatient SA Counseling	30	School Personnel, School System/Colleges	73	Dept. of Developmental Services
08	Opioid Treatment	31	Recovery High School		74 through 76 Discontinued
09	Drunk Driving Program		32 through 39 Discontinued	77	Mass. Rehab. Commission
10	Acupuncture	40	Supervisor/Employee Counselor	78	Mass. Commission for the Blind
11	Gambling Program		41 through 49 Discontinued	79	Mass. Comm. For Deaf & Hard of Hearing
	Note: Sec 35 Options are grouped although numbers are not in sequence. Select correct #	50	Shelter	80	Other State Agency
12	Sec 35 (WATC & MATC)	51	Community or Religious Organization		81 Discontinued
24	Sec 35 Bridgewater MASAC		52 through 58 Discontinued	99	Unknown
25	Sec 35 Framingham MCI	59	Drug Court		
	13 Discontinued	60	Court - Section 35		
14	Sober House	63	Court - Other		
15	Information and Referral Helpline	64	Prerelease, Legal Aid, Police		
17	Second Offender Aftercare	65	County House of Corrections/Jail		
16	Recovery Support Centers	66	Office of Community Corrections		
18	Family Intervention Program				
19	Other Substance Abuse Treatment				

★ Q 12 Employment Status at Enrollment					
Code		Code		Code	
1	Working Full Time	6	Not in Labor Force - Retired	11	Volunteer
2	Working Part time	7	Not in Labor Force - Disabled	12	Other
3	Unemployed - looking	8	Not in labor force - Homemaker	13	Maternity/Family Leave
4	Unemployed – Not Looking	9	Not in labor force - Other	99	Unknown
5	Not in labor force – Student	10	Not in labor force - Incarcerated		